

INITIAL STATEMENT OF ORGANIZATION CLAIMING PROPERTY TAX EXEMPTION

(N.J.S.A. 54:4-4.4; & 54:4-3.5; 54:4-3.6; 54:4-3.6a; 54:4-3.9; 54:4-3.10; 54:4-3.13; 54:4-3.15; 54:4-3.24; 54:4-3.25; 54:4-3.26; 54:4-3.27; 54:4-3.35; 54:4-3.52; 54:4-3.64; & N.J.S.A. 8A:5-10 et al)

IMPORTANT File this claim in **duplicate** with **municipal assessor** of taxing district where property is located by **November 1 of the pretax year**. Separate claims must be filed for each parcel. Every **third year as of November 1** a Further Statement updating the organization's status must be filed with the assessor. See instructions.

1. CLAIMANT ORGANIZATION NAME

2. ORGANIZATION ADDRESS (Corporate Headquarters)

3. CONTACT INDIVIDUAL, REPRESENTATIVE, OFFICER for ORGANIZATION

Name	Phone #	E-Mail Address	Fax #
Postal Mailing Address			

4. INCORPORATION

A. Domestic-Incorporated or organized in New Jersey on (month/day/year) _____ under statute cite # _____
B. Foreign-Incorporated or organized in the state of _____ on (month/day/year) _____
Registered with New Jersey Secretary of State on (month/day/year) _____

5. ORGANIZATION'S PURPOSES (Explain organization's purposes. **Attach** Certificate of Incorporation, Articles of Association, Charter/Mission Statement, and Constitution & By-laws.)

6. NEW JERSEY STATUTE UNDER WHICH PROPERTY TAX EXEMPTION IS CLAIMED

State New Jersey statute cite # and brief description (see list in instructions)

7. PROPERTY LOCATION IN NEW JERSEY

Street Address	City	Zip Code		
County	Municipality	Block #	Lot #	Qualifier

8. PROPERTY OWNERSHIP

Grantor (Seller) _____ Grantee (Buyer) _____
Deed Date (Month/Day/Year) _____ Deed Book _____ Page _____
County of recording _____ Recording Date _____
Owner of legal title Yes No If no, describe ownership arrangement. **Attach** ownership document.

9. PROPERTY'S PHYSICAL DESCRIPTION

Total Land Area (Sq. Ft./Acreage) _____ Land is Vacant or Improved with buildings and/or structures? (Check one)
If improved, state number of buildings and/or structures _____
State each building size in square feet _____
Fully describe each building/structure type _____
State \$ amount for which improvements are insured _____

10. PROPERTY'S ACTUAL USE or ACTUAL/EXCLUSIVE USE

If vacant land, state uses and area size for each use. If not used, state none. _____
If improved with buildings and/or structures, state uses of each. _____

Are land and/or buildings used for stated purposes of claimant organization per section 5 above?
 No Yes If yes, Entirely or Partially? Explain if used for other than claimant organization's purposes or if used or occupied by other than the claimant organization _____

Are land and/or buildings leased or rented by other than claimant organization? No Yes
If yes, Entirely or Partially? Percentage of property leased _____% **Attach** copy lease/rental agreement.
Explain rental uses. _____
State tenant names and rental income received. _____

Is commercial business conducted on premises? No Yes If yes, explain _____

11. COMPENSATION, REMUNERATION RECEIVED

List names of individuals, officers, entities receiving compensation, salaries, allowance, monetary profits from claimant organization and dollar amounts received. If none, state none. Supporting financial data may be required by assessor.

12. SIGNATURE, DATE & TITLE OF OFFICER CLAIMING EXEMPTION FOR ORGANIZATION

I certify the above declarations are true to the best of my knowledge and belief and understand they will be considered as if made under oath and subject to penalties for perjury if falsified.

Signature _____ Official Title or Position _____ Date _____

Official Use Denied Approved Exempt Property Code _____
Assessor _____ Date _____